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ABSTRACT

The Family Assessment and Goal Establishment Model (FAGEM) draws its major impetus and structure from recent writings and trends in education, social planning, and family counseling. Built on a series of related premises addressing rural low income family needs, FAGEM can be reduced to four operational program delivery phases which include the following objectives and activities: Individual Family Needs Assessment (working in cooperation with the change agent, the family identifies and prioritizes its needs; at the conclusion of this phase, the primary needs of the family should be established and a trust relationship should be developed between the charge agent and the family); Goal Establishment (the family and the change agent establish short-term, realistic goals and establish the basis for the initial delivery of educational services); Intervention (the change agent either: makes effective referrals to other community resources when goals are established which are beyond the scope of the program or require more training than the change agent has received or utilizes the training received to deliver a personalized family life education program designed to address the established goal); Family Needs Reassessment (the family and the change agent reassess family needs in terms of progress toward the goal, other needs which have emerged as the relationship between the change agent and the family has become more intimate, and the change agent's personal assessment of the family's needs; this should lead to further establishment of goals and FAGEM recycling or termination). (JC)

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RURAL FAMILY DEVELOPMENT: A DELIVERY SYSTEM FOR SOCIAL PROGRAMS

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Introduction

The United States has witnessed a significant amount of social upheaval in the past decade. This period of intense national self-reexamination contributed to a renewed interest within the country in the social, as well as the technological, quality of life. One of the most basic debates characterizing these times centered on the "state" of the American family. Popular writers and professional scholars collectively joined in questioning the ability, or inability, of the American family to remain as the central entity of our social structure.

During this period a wide range of family social services were developed. Initiated originally as part of the "Great Society" thrust, but created within this larger social consciousness, these programs varied in size, scope and focus. Yet, they shared a common commitment to bolstering the naturally evolved family unit and assisting it in adapting to, and interfacing with, the rapidly changing world environment.

Two philosophically different approaches characterized the delivery of these family oriented community programs:

- The first approach provided support for the family through the development of social programs which assumed a primary role in activities that traditionally had been the exclusive responsibility of the family. The child care movement of the United States represents a prime example of services that adopted this model of delivery. Underlying this approach was the basic premise that families could function more effectively if society would help them manage certain critical family responsibilities. This assistance would then provide individuals with more freedom to direct their energies at other pressing family problems.

- The second approach could be termed "preventive," for its basic premise was to negate the ramifications of inadequate family life by better preparing individuals to assume the responsibilities of living as a family. The public school parent education movement is a prime example of this latter approach. The United States federal government, in promoting this movement, noted that "at school, teenage boys and girls prepare for careers and other roles in life, but few receive any preparation for their most difficult and rewarding role -- that of being a parent.[1]

The escalating interest in developing and delivering social services supportive of the family coincided in the United States with the zenith of population concentration in urban areas. At this point, the problems of urban centers were front page headlines, and both political and academic debate raged over which strategy, from a spectrum of alternatives, represented the best possible solution to the turmoil. National energies and

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[1] U. S. Department of Health, Education and Welfare. Education For Parenthood. Washington, D. C.: U. S. Government Printing Office, 1973, p. 4.

fiscal resources became mobilized and were directed at reversing the "decaying" social and economic trend of inner city family life.

The early solutions to these social concerns reflected a distinct urban flavor. Developed within, and for, the milieu of urban renewal, the early social service delivery models were best suited for urban implementation. Those committed to delivering family social services in rural areas soon realized that these solutions, models and programs were not necessarily easily adaptable to rural areas.

Delivering Social Programs in Rural Areas

Experience soon demonstrated that the implementation of family social services in rural areas would require more than simply a "watered down version of the city program." Aspects of program delivery that had been of little concern when developing models for urban areas suddenly became major obstacles to rural implementation.

For example, the problem of transportation in rural child care services. In urban areas, child care centers were located in close proximity to many eligible families. The responsibility for transporting children to and from child care centers was assumed entirely by the parents and posed no particular hardship or difficulty. In contrast, transportation was a major concern, and cost, for child care programs delivered in rural areas.[2] The physical distance to be traveled was not the only obstacle to be overcome. Other major barriers existed. Primary among these were: Is the center or the parent responsible for providing transportation? How can the children be occupied productively during the long rides? How can the cost of transportation be recovered? The list could go on. Collectively, the questions, and the issues they reflected, represented a major impediment to simple rural implementation through the modification of an existing urban model.

The difficulties rural child care practitioners confronted were not completely unique to their type of community programming. Rather, the delivery of any family oriented social service would confront certain of the difficulties. There was a need, therefore, for new and innovative program delivery strategies which would have applicability to a wide range of rural social services. However any new strategy or model that was developed needed to be sensitive to certain generic aspects of rural delivery. These aspects are categorized below under three broad headings:

- Logistics: At the most basic level, developers of rural community programs need to be cognizant of the critical nature of certain logistical aspects of the program delivery. Major among these are: (1) the location of the program, (2) the physical facilities available in the community, and (3) the ability of the area to attract professionals capable of staffing the social service programs. The physical distribution of families in rural areas

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[2] Harrell, J. A. Rural Child Care: A Summary of the Issues. Washington, D. C.: The Day Care and Child Development Council of America, Inc., 1974.

makes the location of services, and thus the transportation involved, one of the most critical choices involved in program delivery. Individuals must have relatively easy access to services or they will not take advantage of them.[3] At the same time, the number of existing facilities which are easily adaptable to social service programming are more limited in rural areas. This latter factor further compounds the choice of location. Lastly, in the past, the ability to attract, and hold, professionals to rural areas has been a problem.[4] This may, however, be changing as the result of the quality of life in rural environments seeming more attractive in comparison with "city living."

- Cost: A second fundamental consideration for community leaders is the ability to operate social service programs within reasonable cost limitations. The rapidly increasing number of social services being offered has fostered a concommitant interest within sponsors in the development of efficient, as well as effective, program models. Yet, when compared with urban areas, the per person or per family cost of rural programs is almost always considerably higher. The lack of concentration of individuals and families in rural areas makes it extremely difficult for practitioners to develop and deliver cost efficient programs.

- Potential Family Impact: Finally, at the most abstract level of program development, community leaders need to select delivery strategies which reflect the context of rural family life in which the programs will function. That is, the development of social services should be embedded within the best understanding of rural family life and should not ignore the potential impact that different delivery strategies hold for the conduct of family life.[5]

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[3] Carp. F. M. Improving housing environments for the elderly through transportation. In T. O. Byerts (Ed.), Housing and Environment for the Elderly. Washington, D. C.: The Gerontological Society, 1973; Cottrell, F. Transportation of older people in a rural community. Sociological Focus, 1971, 5, 29-40; Goodrow, B. A. Limiting factors in reducing participation in older adult learning opportunities. The Gerontologist, 1975, 15 (5), 418-422; Harrell, J. A. Rural Child Care: A Summary of the Issues. Washington, D. C.: Day Care and Child Development Council of America, Inc., 1974; Twente, E. E. Never Too Old: The Aged in Community Life. San Francisco: Jossey-Bass, 1970.

[4] Horner, J. T. Rural schools renaissance vital for U. S. In A Good Life for More People: The Yearbook of Agriculture 1971. Washington, D. C.: U. S. Government Printing Office, 1971, pp. 162-163.

[5] Social scientists and legislators have joined together in emphasizing the need to consider the potential impact on family life of public policy and/or public programs. Indeed, some have called for the development of "Family Impact Statements." These statements, similar in nature to environmental impact statements, would require the explicit consideration of the potential effect on family life of legislation before it is

From this context and given these considerations, it was our intention to develop the rudimentary outline of a program delivery model which would be suitable for large scale implementation in rural areas, yet be sensitive enough to reflect and meet the needs of individual family units. More specifically, the Family Assessment and Goal Establishment Model (FAGEM) was designed to facilitate the delivery of highly personalized programs of family life education to low-income rural families. Within this model the term "family life education" was used in the broadest sense possible. That is, it referred collectively to any educational program directed at increasing the skills necessary for effective and efficient family living.[6]

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enacted. See, for example, Kamerman, S. B. Developing a Family Impact Statement. New York: Foundation for Child Development, 1976, and Kamerman, S. B. & Kahn, A. J. Explorations in family policy. Social Work, May 1976.

To illustrate the movement in this area, the Family Study Center at the University of Minnesota has received a grant from the U. S. Department of Health, Education and Welfare to train specialists capable of assessing the consequences for the family of changes in the family environment (such as legislation, public policy and community programming). See Hill, R. L. Proposal: A Program for Training Family Impact Analysts. Minnesota Family Study Center, University of Minnesota, 1014B Social Science Building, Minneapolis, Minnesota, 55455.

[6] The focus which programs of family life education should assume has been challenged recently in certain circles. Traditional programs of family life education were characterized by extensive preparation for specific life events, e.g., courtship, marriage, homemaking, parenting, etc. However, it has been suggested that programs that adopt such a focus are of limited value (Danish, S. J. Human Development and Human Services: A Marriage Proposal. Unpublished manuscript, Pennsylvania State University, May 1976). This latter position argues that these critical life events (i.e., courtship, marriage, etc.) are normative, but not causally related to age. That is, they are likely to occur for most individuals and are somewhat correlated with age. But, Danish noted that "one cannot predict their occurance nor be sure of the age when they may happen for any one individual. Further, we cannot predict the manner in which these events will happen" (p. 8).

An alternative to preparation for specific life events is the development of programs to teach "life-enhancing skills" (D'Augelli, J. F. Early thoughts on primary prevention. Working paper presented to the Prevention and Evaluation Branch of the Governor's Council on Drug and Alcohol Abuse, Harrisburg, Pennsylvania, April 1974). These skills are not situation specific, but rather, are generalizable to a wide variety of family related situations. Examples of such skills might be: resource management, the development and maintenance of interpersonal relationships, family communication or goal establishment and follow-through.

The Family Assessment and Goal Establishment Model

The Need: The present economic and social environment of the United States has placed enormous strains on the low-income family. The limited resources available to these families directly influence their consumption of goods and services and indirectly contribute to the normal stress and strain of family living. To be poor and struggle to make ends meet in today's economy is a monumental task. To be poor and live in a rural area is even more perplexing. Rural areas, in contrast to urban centers, are unable to offer a comparable range of alternatives in many of the dimensions that define the tangible aspects of quality family life (e.g., job opportunities, housing alternatives, competitive marketing, etc.). To support rural low-income families in their attempts to cope with this situation, various family social services have been developed.

One such program has focused on teaching the skills of food management to low-income families. The Expanded Food and Nutrition Education Program (EFNEP), sponsored by the U. S. Department of Agriculture and directed under the auspices of the Cooperative Extension Service, trains paraprofessional aides to provide educational information, primarily on a one-to-one basis, in the area of food and nutrition. Although the evaluations of EFNEP have demonstrated considerable success in facilitating positive food management,[7] the paraprofessionals involved in delivering the program have often[8] reported one primary limitation -- the narrowness of the program's focus. That is, these field personnel have reported that it was sometimes difficult, if not impossible, to deliver good nutritional information when individual families were preoccupied with other pressing problems that they defined as more important. The field staff argued the need for a more broadly defined family life education program -- one that would allow them to deliver services in the areas that the family felt important.

As federal monies for more broadly based family oriented programs became available (for example, the Title XX monies), program delivery models were required which would be suitable for large scale implementation, yet sensitive enough to reflect and meet the needs of individual family units. Stimulated by this general need for delivery strategies, the rudimentary outline of the Family Assessment and Goal Establishment Model (FAGEM) was designed. FAGEM drew its major impetus and structure from recent writings and trends in education, social planning and family counseling. The major techniques implied by the model, i.e., needs assessment and goal establishment, had previously been used successfully at both the macro (target populations being large numbers of families) and micro (target being individual

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[7] Ramsey, C. & Cloyd, M. An evaluation of EFNEP side effects. Journal of Extension, 1975, 13 (May/June), 11-20.

[8] Dr. Coward has had numerous opportunities to meet individually and collectively with the Indiana EFNEP field personnel. On many different occasions these practitioners have expressed the concerns noted here.

family units) levels of social program delivery.

The Basic Premises: Using the procedures of needs assessment and goal establishment as the basis for a delivery system of educational services to low-income families, FAGEM is built on a series of related premises:

- That the entree of a change agent, and therefore the eventual impact of the intervention program, will be facilitated by focusing the initial educational services on those needs identified as primary by the family.
- That beginning intervention with the expressed primary needs of the individual family will increase the immediate relevancy of the educational program.
- That beginning intervention with the needs expressed by the family allows for a period of trust building between the change agent and the family and, therefore, facilitates the later disclosure of more intimate family needs.
- That utilizing a procedure which assists the family in assessing their needs will contribute to establishing family priorities and thus provide an immediate focus for the services to be delivered.
- That the establishment of short-term, realistic goals provides specificity to the services delivered and increases the probability that some degree of immediate progress will be achieved.
- That progress toward some agreed upon goal, which is perceived by the family to be important, will itself provide further stimulus for change and thus cement the bond of trust between the change agent and the family.
- That the establishment of goals is a convenient mechanism for assuring both closure and needs reassessment.
- That needs reassessment is a technique which allows for continual feedback to the change agent and the family and thus functions as a built-in formative evaluation component which maintains high program relevancy for each individual family.

The Background: The needs assessment notion contained in FAGEM is certainly not new to professionals concerned with facilitating social change. Considerable research from the social action programs of the 1960's highlighted the advantages of empirically validating the needs of the target population and the disadvantages of making a priori judgments about those needs.[9] Unfortunately, few, if any, large social delivery programs have

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[9] Argyle, M. The social psychology of social change. In T. Burns & Saul, S. (Eds.), Social Theory and Economic Change. London: Tavistock, 1967, pp. 19-30; Chin, R. & Benne, K. General strategies for effecting changes

been able to successfully reduce this assessment procedure to accommodate the expressed needs of individual families, a thrust which has characterized more individualized programs like family counseling.

Reducing the delivery system so that it is sensitive to the needs of individual families is the heart of FAGEM. This model is an attempt to outline a delivery strategy which would be responsive to the needs of individuals and, therefore, able to work with low-income families in the areas they define as their greatest need.

The circumstances surrounding individual families vary widely. It is, therefore, difficult to use large scale needs assessment techniques (e.g., mail surveys, telephone surveys and/or massive interviewing) to provide adequate data on which to structure the delivery of the content so that it is maximally relevant to individual families.

To illustrate, consider a family life education program which is designed to prepare individuals better for the transition into parenthood by increasing their awareness of the major issues that must be resolved during this period. In the development of such a program, large scale needs assessment techniques would most appropriately be used to identify the four or five primary issues that must be resolved during this transition. This data would provide the basis for structuring the training of the change agents who would eventually deliver the program.

However, unless the issues that required resolution were sequential in nature (that is, individuals always proceeded in exactly the same sequence), it would be inappropriate then to use this same large-scale data also to structure the delivery of the content of the program. At the point where program implementation begins, the large-scale data should be set aside. The "sequence" of the content which is to be delivered to the participating family (i.e., A before B, or C before A) is best defined at the level of the individual family unit. The use of the more individualized needs assessment at this point increases the probability that the delivered service will be relevant to that particular family.

Goal establishment, the second major thrust of FAGEM, is similarly not new to social action programs. Again, however, it seldom has been reduced to the level of individual family units. In contrast, the FAGEM

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in human systems. In W. Bennis, et al. (Eds.), The Planning of Change. New York: Holt, Rinehart and Winston, 1969; Hage, J. & Aiken, M. Social Change in Complex Organizations. New York: Random House, 1970; Lippitt, R., Watson, J. & Westley, B. The Dynamics of Planned Change. New York: Harcourt, Brace and World, 1958; Mann, F. & Neff, F. Managing Major Change in Organizations. Ann Arbor, Michigan: Foundation for Research on Human Behavior, 1961; Rogers, E. Diffusion of Innovations. New York: The Free Press, 1962; Rogers, E. & Ryan, B. Social and Cultural Change. New York: The Ronald Press Company, 1969; and Smelser, N. Social Change in the Industrial Revolution. Chicago: University of Chicago Press, 1959.

system provides for goal establishment at the level of individual family units.

Family counselors have reported the usefulness of establishing short-term realistic goals as a technique for facilitating change in the interactional patterns of dysfunctional families.[10] Actually, the use of explicitly stated goals as a basis for change is now being promoted in such diverse areas as management, education and personal development. The goal statements apparently provide a tangible anchor toward which actions and behaviors can be directed, and against which progress can be measured. Therapists have speculated that when progress can be achieved toward a goal which has been defined as important by the family, the progress itself will then act as a further stimulant for change. Various authors have noted that in establishing positive helping relationships, it is extremely important that some immediate tangible change be achieved which can be perceived as progress by the family.[11]

At the same time, family therapists have also reported that the establishment of goals is a useful technique for terminating or bringing a therapeutic relationship to closure. To reduce the possibility that dependency will emerge as the central core of the relationship, therapists have established goals with the family which will systematically lead them to independence from the therapist. Although various community social services state independence as a goal of the program, the operational procedures which are employed by the program often do not reflect this. Many critics have characterized American welfare as a system whose rhetoric promotes independence, but whose procedures increase dependency. Within FAGEM the possibility of dependency developing is reduced by two explicit procedures: (1) establishing goals; and (2) reassessing needs following an intervention.

The Model: FAGEM can be reduced to four operational program delivery phases. The major activities and objectives of the various phases can be briefly described as:

- Phase I: Individual Family Needs Assessment: The major objective of this phase is the establishment of the felt family needs. The family, in cooperation with the change agent, identifies and priorities the needs of the family related to the program focus.

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10 Knox, D. Marriage Happiness: A Behavioral Approach to Counseling. Champaign, Illinois: Research Press, 1971; Liberman, R. Behavioral approaches to family and couple therapy. American Journal of Orthopsychiatry, 1970, 40, 106-118; Patterson, G. R. Families: Applications of Social Learning to Family Life. Champaign, Illinois: Research Press, 1971; and Weakland, J. H., Fisch, R., Watzlawick, D. & Bodin, A. M. Brief therapy: Focused problem resolution. Family Process, 1974, 13(2), 141-168.

11 Bent, R. J., Putnam, D. G., Kiesler, D. J. & Nowicki, S. Jr. Expectancies and characteristics of outpatient clients applying for services at a community mental health facility. Journal of Consulting and Clinical Psychology, 1975, 43, 280; Schoolar, J. D. Current issues in adolescent psychiatry. New York: Brunner/Mazel, 1973; Sugar, M. The adolescent in group and family therapy. New York: Brunner/Mazel, 1975.

The success of this phase will depend in large part on the helping skills the change agents bring to the task. Danish has stated: "Prerequisite to the delivery of all services, whether direct or indirect, biological, psychological or social, is the development of a trusting relationship between the deliverer and recipient of the services and an understanding of the recipient's situation, goals and problems."[12] Currently there are a number of packaged programs on the market designed to promote the development of helping skills in change agents.[13]

At the conclusion of this phase, the primary felt needs should be established and would form the basis for the next phase.

- Phase II: Goal Establishment: Within the area of the primary felt need, the family members, in cooperation with the change agent, would establish short-term realistic goals to serve as the basis for the initial delivery of educational services. Packaged programs are available that outline procedures which are helpful in structuring the process of goal establishment.[14]

- Phase III: Intervention: During this phase the change agent would either: (a) make effective referrals to other community resources when goals are established which are beyond the scope of the program or require more training than the change agent has received, or (b) utilizing the training received, the change agent would deliver a personalized family life education program designed to address the established goal. In either case, some explicit form of intervention would be initiated to address the need and goal previously identified by the family.

- Phase IV: Family Needs Reassessment: Following the intervention, the family members, in cooperation with the change agent, would reassess the needs of the individual family. Reassessment would be built on several sources of information; primarily, an evaluation of the progress that has been made toward the previously

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12 Danish, p. 13.

13 Carkhuff, R. R. Helping and Human Relations. New York: Holt, Rinehart and Winston, 1969; Danish, S. J. & Hauer, A. L. Helping Skills: A Basic Training Program. New York: Behavioral Publications, 1973; Ivey, A. E. Microcounseling. Chicago, Illinois: C. C. Thomas, 1971; and Kagan, N. Influencing Human Interaction. East Lansing, Michigan: Michigan State University, 1972.

14 Carkhuff, R. R. The Art of Problem Solving. Amherst, Massachusetts: Human Resource Development Press, 1973; Armstrong, J., Daube, L. & Wilms, D. C. Get Up and Go With Goal Power. West Lafayette, Indiana: Cooperative Extension Service, Purdue University, 1975.

established goals, other needs which have emerged as the relationship between the change agent and the individual family has become more intimate, and the change agent's personal assessment of the needs of the family. Within FAGEM the conclusion of this phase leads to either the further establishment of goals and thus recycles the family back through the model or the termination of the relationship.

Figure I presents a schematic illustration of the various components of the Family Assessment and Goal Establishment Model.

The Personnel: FAGEM is built on the use of paraprofessionals as the primary agents of program delivery. This is one of the dimensions that makes FAGEM particularly attractive for rural implementation. This strategy was chosen to reduce costs and to eliminate the need to attract professionals to certain isolated, sparsely populated areas. The model was developed with the assumption that a small professional resource staff would be available, but would be maintained elsewhere (perhaps in a more urban setting or at the state or national universities). The function of the professionals would be to train and support the field personnel. In this sense the model closely reflects the organizational structure of the U. S. Cooperative Extension Service (CES) except that the FAGEM field personnel would be primarily paraprofessionals in contrast to the professionals which currently staff CES county offices.

In addition to the considerable cost savings which is achieved by this primary use of paraprofessionals, some have argued that this strategy makes theoretical sense.[15] For example, it has been suggested that paraprofessionals are more easily able to establish with low-income families the rapport which is so critical in defining a helping relationship. Experience has demonstrated that professionals are not always the best primary contact and that individuals who share similar socio-economic backgrounds may be in a better position to identify with and appreciate the circumstances under which the low-income family functions. Thus, it can be argued that the use of paraprofessionals as the primary change agent in working with low-income families may have both practical and theoretical advantages.

Figure II presents a schematic illustration of one possible organizational structure which could be used to implement the Family Assessment and Goal Establishment Model.

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15 Brager, G. The indigenous nonprofessional worker: A new approach to the social work technician. Social Work, 1965, 10, 33-40; Hallowitz, E. Issues and Strategies in the Use of Non-professionals. Paper presented at the National Association of Social Workers Symposium of the National Conference of Social Welfare, San Francisco, May 1968; Hardcastle, D. The indigenous nonprofessional in the service bureaucracy: A critical evaluation. Social Work, 1971, 16, 2; Reiff, R. & Riessman, F. The Indigenous Non-professional. New York: National Institute of Labor Education, 1964; Riessman, F. The new struggle for the paraprofessional. Social Policy, 1968, 3 (November); Umbarger, C. The paraprofessional and family therapy. Family Process, 1972, 11(2), 147-162.

The Generalizability of the Family Assessment and Goal Establishment Model

FAGEM provides the rudimentary outline of a system for delivering programs of family life education to low-income rural families. During the development of the model the authors had as their primary focus a particular audience (low-income families) living in a particular geographic setting (rural). Nevertheless, many of the basic premises of the delivery model seem applicable to other audiences and other settings.

Indeed, modification of the model could be introduced to make it more viable under individual circumstances. There are, however, several basic aspects of the model which if changed would significantly alter the thrust of FAGEM. They are:

- Use of Paraprofessionals: A basic aspect of the delivery model is the proposal that the use of paraprofessionals as change agents, supported by a small professional resource staff, is a cost efficient method for large-scale delivery of personalized educational programs.

- Needs Assessment: Similarly, the delivery model is built around the premise that beginning intervention with the expressed primary needs of the individual families has distinct advantages in increasing the relevancy of the program; facilitating the entree of the change agent; and, cementing the helping bond between change agent and family.

- Goal Establishment: Lastly, a critical basic dimension of the model is the premise that the establishment of short-term realistic goals provides specificity to the services delivered and increases the probability that some degree of immediate progress will be achieved.

The actual content of the program to be delivered could vary widely and yet not violate the basic aspects of the model outlined in this paper. FAGEM seems generalizable to the delivery of such diverse social programs as: health education, child-birth education, nutritional education and parent education. FAGEM is probably best suited to the delivery of "education and referral" services, in contrast to programs of "therapy". That is, the use of paraprofessionals increases the number of families that can be served by a limited resource of money, however, simultaneously this strategy reduces the depth, and breadth, of information that can be delivered.

Finally, since FAGEM is modeled in many ways after the administrative structure of the Cooperative Extension Service (except for the use of paraprofessionals as the change agents), it is expected that the system would have applicability in a variety of cultural settings. The program delivery model of Extension has been successfully adapted and implemented by many developing countries as a system for disseminating information and stimulating change. The modifications which FAGEM introduces to the CES system are not seen as major inhibitors to similar cross-cultural adoption.

FIGURE 1: SCHEMATIC ILLUSTRATION OF THE FAMILY ASSESSMENT AND GOAL ESTABLISHMENT MODEL (FAGEM)

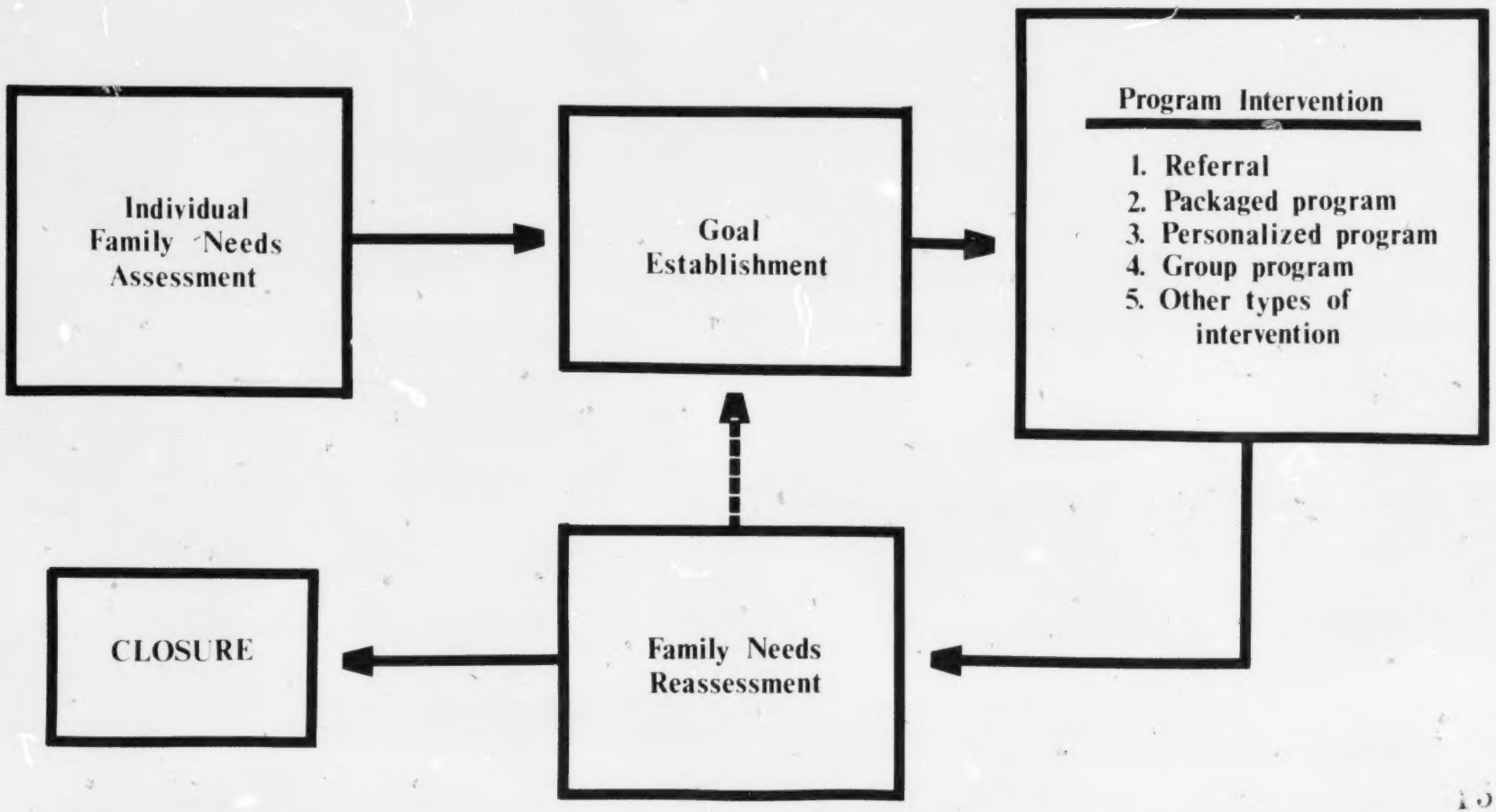

FIGURE 2: POSSIBLE ADMINISTRATIVE STAFFING SCHEME FOR FAGEM